



**MEDICAL EVALUATORS  
OF TEXAS ASO, LLC**

1225 North Loop West • Suite 1055 • Houston, TX 77008  
800-845-8982 FAX: 713-583-5943

**Notice of Independent Review Decision**

**May 13, 2014**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

**Outpatient exostectomy right mid foot, neurolysis, excision of soft tissue mass 4th interspace as requested**

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

This case was reviewed by a physician who holds a board certification in Orthopedic Surgery and is currently licensed and practicing in the State of Texas.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This is a female who injured her right foot/ankle on xx/xx/xx while stepping in a hole. She had EMG done on 02/04/2014 that showed no evidence of nerve entrapment, peripheral neuropathy, or lumbar radiculopathy on the right. Prior treatment includes physical therapy, AFO splint, and medications. She was seen on 02/10/2014 for a follow up exam and her current medications listed as Etodolac, Triamterene, and Zutripro. Past surgical history included right foot surgery in 2008 and right knee surgery in 2010. On exam, there was tenderness and edema on palpation and percussion of the tarsal tunnel area of the affected foot with weakness noted on active Plantarflexion with adduction, which is limited. Positive Tinel sign noted on percussion over tarsal tunnel and dorsally over lateral dorsal cutaneous nerve. Pain also noted on palpation of plantar fascia at medial insertion on calcaneus and also along posterior tibial tendon. Foot is noticeably supinated on gait. Ankle joint dorsiflexion is less than 10 degrees and gait is antalgic. She was diagnosed



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with tarsal tunnel syndrome, tibialis tendinitis, plantar fascia fibromatosis, and pain in limb. She then had CT of the right foot on 03/03/2014 that showed no acute ankle or foot abnormality. Right foot fifth metatarsal fracture transfixed with orthopedic hardware that appears normal. She followed up on 03/03/2014 with no significant change in physical exam. There is a current request for outpatient exostectomy right mid foot, neurolysis, and excision of soft tissue mass 4th interspace which was denied due to lack of documentation of exostosis or soft tissue mass on imaging studies.

## **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Per the Official Disability Guidelines, surgery for tarsal tunnel syndrome is recommended after conservative treatment of at least on month. This patient meets these criteria. In addition, patients with clinical findings and positive electrodiagnostic studies of tarsal tunnel syndrome warrant surgery when significant symptoms do not respond to conservative management. This patient has normal electrodiagnostic studies. The ODG also supports excisions of masses identified as the source of the compression. This patient does not have evidence of a mass on her MRI or physical exam.

There is no evidence of an exostosis on CT, no evidence of compression on NCS and no evidence of a mass on MRI. Therefore, the request of outpatient exostectomy right mid foot, neurolysis, excision of soft tissue mass 4th interspace as requested is denied.

### **ODG – Chapter Ankle & Foot (Acute and Chronic)**

#### **Surgery for tarsal tunnel syndrome**

Recommended after conservative treatment for at least one month. Patients with clinical findings and positive electrodiagnostic studies of tarsal tunnel syndrome warrant surgery when significant symptoms do not respond to conservative management. When conservative therapy fails to alleviate the patient's symptoms, surgical intervention may be warranted since space-occupying masses require removal. Tarsal tunnel syndrome is caused by compression of the tibial nerve or its associated branches as it passes underneath the flexor retinaculum at the ankle level or distally. (Gondring, 2003) (Sammarco, 2003)

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## **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE



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- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)